

County: Waukesha
MASONIC HEALTH CARE CENTER INC.
400 N MAIN ST

Facility ID: 9540

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DOUSMAN 53118 Phone: (262) 965-9245
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 84
Total Licensed Bed Capacity (12/31/01): 84
Number of Residents on 12/31/01: 80

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 83

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)			
		Primary Diagnosis		Age Groups		Less Than 1 Year			
Home Health Care	No								
Supp. Home Care-Personal Care	No								
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65		1 - 4 Years			
Day Services	No	Mental Illness (Org./Psy)		65 - 74		More Than 4 Years			
Respite Care	No	Mental Illness (Other)		75 - 84					
Adult Day Care	No	Alcohol & Other Drug Abuse		85 - 94					
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over					
Congregate Meals	No	Cancer							
Home Delivered Meals	No	Fractures							
Other Meals	No	Cardiovascular		65 & Over					
Transportation	No	Cerebrovascular							
Referral Service	No	Diabetes							
Other Services	Yes	Respiratory							
Provide Day Programming for Mentally Ill	No	Other Medical Conditions		Male					
Provide Day Programming for Developmentally Disabled	No			Female					

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Residents	% of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	1	2.3	129	0	0.0	0	1	2.9	180	0	0.0	0	0	0.0	0	2	2.5
Skilled Care	1	100.0	192	42	95.5	110	0	0.0	0	32	91.4	160	0	0.0	0	0	0.0	0	75	93.8
Intermediate	---	---	---	1	2.3	90	0	0.0	0	2	5.7	139	0	0.0	0	0	0.0	0	3	3.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		44	100.0		0	0.0		35	100.0		0	0.0		0	0.0		80	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	15.2	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	3.8	82.5	13.8	80
Other Nursing Homes	10.9	Dressing	7.5	73.8	18.8	80
Acute Care Hospitals	32.6	Transferring	15.0	57.5	27.5	80
Psych. Hosp. -MR/DD Facilities	2.2	Toilet Use	8.8	63.8	27.5	80
Rehabilitation Hospitals	4.3	Eating	47.5	41.3	11.3	80
Other Locations	34.8	*****				
Total Number of Admissions	46	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	2.5	Receiving Respiratory Care		5.0
Private Home/No Home Health	10.2	Occ/Freq. Incontinent of Bladder	68.8	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	30.0	Receiving Suctioning		0.0
Other Nursing Homes	2.0			Receiving Ostomy Care		1.3
Acute Care Hospitals	14.3	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	2.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		75.0
Rehabilitation Hospitals	0.0					
Other Locations	14.3	Skin Care		Other Resident Characteristics		
Deaths	57.1	With Pressure Sores	2.5	Have Advance Directives		97.5
Total Number of Discharges (Including Deaths)	49	With Rashes	1.3	Medications		
				Receiving Psychoactive Drugs		68.8

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group Ratio	Bed Size: 50-99 Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities % Ratio				
Occupancy Rate: Average Daily Census/Licensed Beds	98.8	88.9	1.11	86.3	1.15	82.7	1.19	84.6	1.17
Current Residents from In-County	82.5	88.1	0.94	89.4	0.92	85.3	0.97	77.0	1.07
Admissions from In-County, Still Residing	45.7	22.9	1.99	19.7	2.32	21.2	2.16	20.8	2.19
Admissions/Average Daily Census	55.4	129.6	0.43	180.6	0.31	148.4	0.37	128.9	0.43
Discharges/Average Daily Census	59.0	133.7	0.44	184.0	0.32	150.4	0.39	130.0	0.45
Discharges To Private Residence/Average Daily Census	6.0	47.6	0.13	80.3	0.08	58.0	0.10	52.8	0.11
Residents Receiving Skilled Care	96.3	90.5	1.06	95.1	1.01	91.7	1.05	85.3	1.13
Residents Aged 65 and Older	98.8	97.0	1.02	90.6	1.09	91.6	1.08	87.5	1.13
Title 19 (Medicaid) Funded Residents	55.0	56.0	0.98	51.8	1.06	64.4	0.85	68.7	0.80
Private Pay Funded Residents	43.8	35.1	1.25	32.8	1.33	23.8	1.84	22.0	1.99
Developmentally Disabled Residents	0.0	0.5	0.00	1.3	0.00	0.9	0.00	7.6	0.00
Mentally Ill Residents	30.0	30.9	0.97	32.1	0.94	32.2	0.93	33.8	0.89
General Medical Service Residents	32.5	27.3	1.19	22.8	1.42	23.2	1.40	19.4	1.67
Impaired ADL (Mean)	52.0	50.3	1.03	50.0	1.04	51.3	1.01	49.3	1.06
Psychological Problems	68.8	52.4	1.31	55.2	1.25	50.5	1.36	51.9	1.33
Nursing Care Required (Mean)	10.6	7.1	1.50	7.8	1.36	7.2	1.47	7.3	1.45